

2005
HSRS FAMILY SUPPORT PROGRAM
MODULE DESKCARD

MODULE TYPE 5

CLOSING REASON (FIELD 10)

- 06 Death of child
- 36 Insufficient funds to provide needed services
- 37 Child at home but family doesn't need services
- 38 Family no longer wants service
- 40 Temporary interruption in Family Support services
- 42 Family referred to other program(s)
- 43 Family relocated
- 44 Child placed in alternate care
- 45 Child no longer meets eligibility
- 46 Child transitions to adult living arrangement

CLIENT CHARACTERISTICS (FIELD 12)

- 07 Blind / visually impaired
- 08 Hard of hearing
- 32 Blind / deaf
- 79 Deaf
- 09 Physical disability / mobility impaired
- 85 Severe health impairments
- 86 Severe emotional disturbance
- 02 Mental illness - excluding SPMI
- 03 Serious and persistent mental illness (SPMI)
- 19 Developmental disability - brain trauma
- 23 Developmental disability - cerebral palsy
- 25 Developmental disability - autism
- 26 Developmental disability - mental retardation
- 27 Developmental disability - epilepsy
- 28 Developmental disability - other or unknown
- 61 CHIPS - abuse and neglect
- 62 CHIPS - abuse
- 63 CHIPS - neglect

TARGET GROUP (FIELD 33)

- 01 Developmental disability
- 31 Mental health
- 57 Physical or sensory disability

SOS DESK (608) 266-9198

9:00 - 11:30 A.M. and 12:30 - 2:30 P.M.

or leave a voice mail message.

E-mail address: soshelp@dhfs.state.wi.us

Fax (608) 267-2437

HSRS Handbook and Terminal Operator's Guide:

<http://www.dhfs.wisconsin.gov/HSRS/index.htm>

WI Department of Health and Family Services
Division of Disability and Elder Services
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